



**Before Care and Extended Day Program
Registration Form**

<u>Child's Name (Last, First)</u>	<u>M/F</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Age</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child(ren) lives with:

____ Both Parents ____ Mother ____ Father ____ Other-Relationship _____

Child(ren)'s Legal Guardian:

____ Both Parents ____ Mother ____ Father ____ Other-Relationship _____

Child's Address: _____

Mother/Legal Guardian Name: _____

Address (if different from student): _____

Contact Numbers: (cell) _____ (work) _____ (home) _____

Email: _____

Father/Legal Guardian Name: _____

Address (if different from student): _____

Contact Numbers: (cell) _____ (work) _____ (home) _____

Email: _____

Student Health Information Form on file with School Front Office? ____ Yes ____ No

(Pink form you received in your Parent folder on Back to School Night. EDP will follow St. Peter the Apostle School policy for Emergency Procedures and Medical Treatment for your child. Your signed Medical Consent is located on this form. Forms are available from the Front Office. If there are any changes in student's health information, please contact school office or EDP Director ASAP).

My Child(ren) will be attending EDP: ____ Full Time ____ Part Time ____ Occasionally

**Before Care and Extended Day Program
Registration Form continued**

Names of person(s) to contact if parents/guardians can't be reached:

Name	Relationship to child	Contact Number
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Name	Relationship to child	Contact Number
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Name	Relationship to child	Contact Number
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Names of person(s) other than parent/guardians authorized to pick child up from EDP:

Name	Relationship to child	Contact Number
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Name	Relationship to child	Contact Number
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Name	Relationship to child	Contact Number
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PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED:

I have received, read, and understand the "Policies and Procedures" and "Fees and Rates" of Saint Peter the Apostle Extended Day Program. I have discussed and explained the rules of EDP with my child(ren).

Signature: _____ DATE: _____